

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 01601401603 FILING DATE 10/21/03
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
	1													
2							51							
3							52							
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44							93							
45							94							
46							95							
47							96							
48							97							
49							98							
50							99							
TOTAL IND.	3						100							
TOTAL DEP.	38													
TOTAL CLAIMS	41													